County



4-H Rabbit Certificate



4-H Member's Name		Name of Animal				
AddressZip CodePhone NumberName of Club		Date of Birth (Month/Day/Year)Sex				
					Reg./Tattoo Number	
					Leader's Name	
				Variety		
		Please use ARBA standards				
Identification of animal (Specifica	ition by ARBA standa	ard)				
Attach front and side view pictures h	ere for identification.					
Actual Hone and side view pictures in	ere for identification.					
When was animal acquired for 4-H project	ct? (Month/Day/Year)					
Signature of 4-H Member	Signature of Pare	nt of Guardian Signa	ture of 4-H Leader			
Signature of County Agent	Year	Signature of County Agent	Year			
Signature of County Agent	Year	Signature of County Agent	Year			
Signature of County Agent	Year	Signature of County Agent	Year			
WASHINGTON STATE		Skamania	County			
UNIVERSITY		Skamania WASHINGTON STATE UNIVERSIT				
EXTENSION		EXTENSION STATE UNIVERSE	1			